



Governor's Council for People with Disabilities

TO: CIF Applicants – People with Disabilities and Families
FROM: Governor's Council for People with Disabilities
SUBJECT: CONSUMER INVESTMENT FUND GUIDELINES

CIF Application Inserted in back

NOTE: PEOPLE CAN ONLY BE APPROVED FOR ONE INDIVIDUAL CIF PER YEAR. (OUT OF STATE CIF'S CAN ONLY BE APPROVED EVERY OTHER YEAR)

Purpose of Consumer Investment Fund (CIF):

The Council is committed to investing financial resources in people with disabilities and family members to further the agenda of creating inclusive communities throughout Indiana. Attendance and participation in various conferences and events is one avenue to achieve the larger goal of inclusion. To this end, the Council has created the Consumer Investment Fund. The Council expects a return on its investment. By completing and signing the purpose statement/agreement form in the enclosed CIF application, you agree to perform certain activities that benefit others and promise to report on the outcomes of those activities.

Eligibility Criteria:

- Applicants MUST reside in Indiana and be a person with a disability or family member.
- No more than 2 members of the same family will be eligible to receive funding support.
- Children are not eligible unless the conference materials clearly document that children are a part of the agenda.
- Professionals or high level agency employees who provide disability services, are not eligible.
- The CIF will support individuals to attend 1 non Council event per calendar year which is defined as January 1-December 31. (*out-of-state will only be allowed every other year; resort areas are closely scrutinized*).
- The amount spent on any one conference is limited. Requests will be considered on a first-come, first-serve basis.
- If the conference sponsor has been approved for CIF support through an organization application, individuals MUST apply through the sponsor for scholarships.

Application process:

- Applications for in-state conferences must be RECEIVED in the Council office at least 3 weeks prior to an in-state event and out-of-state 5 weeks. **NO EXCEPTIONS.**
- Submit completed (enclosed) application form which includes a Purpose Statement and Agreement Form, and attach a conference agenda, registration form, and itemized budget.
- Advance funding can be provided on request but only to individuals receiving SSI, TANF, or SSDI. All funds WILL NOT be paid in advance.
- You are expected to pay 1/2 of your overall expenses as match. Minimum fifty percent (50%) match IS REQUIRED unless you (not your child) are receiving SSI or TANF then NO MATCH is required. If you are receiving SSDI your match will be your food and mileage as your MATCH.
- Items not reimbursed, but considered cash match included: child care, and lost wages (pay check stub must be submitted- black out private info like SS#) Child care is only paid for people receiving SSI, SSDI or TANF.
- Funds are limited to \$1,000 per person per event.

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Approval /reimbursement process:

- Notification of approval/denial will be sent within 5 business days from the Council office.
- If approved, you will receive a blank Outcome Report, claim voucher and instructions for reimbursement within 10 business days from the Mental Health Association in Indiana (MHA) who handles the reimbursement process for the Council.
- ALL ORIGINAL receipts and the claim voucher MUST be submitted to MHA no later than 30 days after the event - **reimbursement must be claimed within 30 days of the conference date - claims submitted after 30 days will NOT be eligible for payment.**
- Receipts for match money must be submitted with other receipts. (reimbursement will not be paid until match documentation is provided).
- Once receipts and the initial Outcome Report are received by the Mental Health Association in Indiana, reimbursement will be mailed within ten business days.

Items not reimbursable and not considered match- should not be included in the budget:

- Tips and gratuities
- Banquets, and other events that do not include training (listed as optional charge)
- Sight seeing arranged by the conference
- Ground transportation except to and from the airport.
- Continuing Education Units (CEU's)
- Car rental if airfare is paid (mileage can not be paid if car rental is paid)
- Phone calls

Approved Events: (The Council reserves judgement on all requests)

- Conferences/seminars which will enhance knowledge about disability issues and citizens participation in the decisions which affect their lives.
- The participation in meetings of service agency board, county councils, advocacy agency meetings, zoning boards, public hearings (which further inclusive communities)
- Events that help further the Council's mission and the goals of the 5 year state plan.
- Out of state conference support is limited to national conferences.

Accountability and Outcome Activities:

The agreement form and purpose statement that you sign is your commitment to providing us with outcome information. This information is used to demonstrate the value of continued expenditures for the CIF Fund program. **The future of the program depends on your documentation of how you use the information you gain from the event to benefit yourself, your family, and the larger disability community.**

Required Outcome Activities:

- Conduct a minimum of two presentations with regard to the newly acquired information gained.
- Complete an Outcome Report within thirty days after the event reporting on what outcomes you have achieved and your plans. **A follow-up form will be sent within 6 months.**
- Serve on an Independent Grant Review Team for the Council if requested.
- Participate in a follow-up written or telephone survey on outcomes conducted by the Council.
- Select 2 out of 8 additional outcome activities when completing the purpose statement and agreement form. Below is a list of the eight options. See page five for a complete description of each.
 1. Conduct a disability awareness activity
 2. Become an active participant in a local policymaking or advisory body

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3. Perform a media watch, by responding to news coverage about disability issues
4. Express your opinion to your state or local legislators related to disability issues
5. Express your opinion about state or local policy changes
6. Sign up for the Council's Fifth Freedom network to respond disability related concerns

A second Outcome Report will be mailed no later than 6 months after the conference date to collect follow-up information on successes and activities that were not yet completed when the original Outcome report was submitted with the claim for reimbursement. **People who do not complete the Outcome Reports will not be eligible for future CIF funding.**

General Information:

- The expenditure of funds for support to conferences is a privilege and deemed as an investment.
- The Council reserves the right to deny any conference request, revise policies or further restrict funding when necessity dictates (i.e. moratorium placed on non-essential travel).
- Funds are allocated on a quarterly basis, no additional applications will be accepted once the funds for the quarter have been depleted.
- Requests for conferences in resort areas will be closely scrutinized. Conferences in Alaska, Hawaii, cruise ships, and outside the United States are prohibited.
- Arrangements (travel, lodging, registration, etc.) made by you is your responsibility if funding is not approved.

APPLICANT'S CHECKLIST

Please read the following prior to filling out the forms and submitting a request for funding. A properly completed application will speed the approval process.'

Examples of things not funded:

Therapy
 school/college courses
 recreational programs
 summer camps
 training focused on one family (i.e. Lovets, etc.)
 job/personal training

events not compatible with the Council mission of community integration and inclusion, or are not focused on disability or policy issues that affect the disability community.

Black-out Period:

NO SCHOLARSHIPS will be approved between November 2 through December 1, due to the Governor's Council for People with Disabilities' annual conference, which will be November 16 & 17, 2006.

Please Use this Checklist to Make Sure You Include
ALL Information Required

- ☐ Completed CIF Application
- ☐ Conference registration form (FILLED OUT)
- ☐ Conference agenda, brochure and/or other information pertaining to the event
- ☐ Itemized budget: Check stub if lost wages are used as match
- ☐ Purpose Statement and signed Agreement Form: What do you agree to do in return for funding?
- ☐ Application must be received (in COUNCIL office) a MINIMUM **of 3 weeks prior to in-state events and 5 weeks prior to out-of state events. NO EXCEPTIONS.**
- ☐ CIF Advanced Funding Request and Information Form (**completed ONLY if requesting advance funds and are receiving SSI / SSDI or TANF- REMINDER, ALL funds CAN NOT be paid in advance.**)

NOTE:

To assist you in completing the enclosed application materials for CIF funds, attached is a description of the Optional Outcome Activities from which you can select two, an overview of state travel guidelines and:

- sample budget
- sample CIF Application form
- sample advanced funding request (SSI, SSDI and TANF only)
- sample Purpose Statement/Agreement form
- sample Outcome Report.

Mail/fax applications to:

Council/CIF
ATTN: Brenda Wade
150 W Market St, Ste 628
Indianapolis, IN 46204
317-233-3712 (fax)
317-233-4551
bwade@gpcpd.org

Once the Council office approves a request it is sent to the Mental Health Association in Indiana who has a contract with the Council.

They will mail you information on the submission of receipts, Outcome Reports and vouchers for reimbursement.

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Alternative formats and an electronic version of this document can be provided on request. It can also be downloaded from our website: <http://www.in.gov/gpcpd/>

Description of Outcome Activities for Purpose Statement and Agreement Form:

SELECT TWO of the following activities. Each * section describes an activity, what needs to be done, and if materials are needed, how to obtain them. If needed, contact the Council office at GPCPD@gpcpd.org or 317-232-7770 or our toll free automated order line 1-866-234-1635. Some information is on the website: <http://www.in.gov/gpcpd/>

- ❖ **Conduct a disability awareness activity:** March is Disability Awareness Month and the Council provides 28 different planning packets with ideas on activities to conduct. Materials such as posters and bookmarks are available. Most of the suggested activities can be conducted at any time of the year. Contact the Council or, download packets from our website at: <http://www.in.gov/gpcpd/publications>.
- ❖ **Become an active participant in a local policymaking or advisory body** such as the local Step Ahead, Mayor's Council, or Parent Advisory Council. Depending on your community, there may be other bodies such as an ADA committee that would get you involved in local policy issues.
- ❖ **Perform a media watch**, by responding to news coverage about disability issues with feedback to the reporter on how well they portrayed disability issues. Send a letter to the reporter thanking them for covering the issue and educating them about any problems with the coverage including proper use of language. Enclose the Council's Power of Words brochure (available from the Council office)
For a packet on conducting a media watch go to <http://www.in.gov/gpcpd/publications/#ppackets> (packet 13)
- ❖ **Express your opinion to your community or your state/local legislators:** Write a letter to the edition and/or contact your legislators about an issue that is important to you and your family. Write at least one letter, meet with one public or elected official or their staff, or testify at a legislative committee hearing regarding a disability related issue. (Send a copy of the letter and/or description of the meeting, etc. with your outcome report) Note: For info about issues, contact organizations that provide legislative/policy related news. Go to the Council website <http://www.in.gov/gpcpd/> and click on the links page to research issues or contact organizations. In addition, the Council sends this kind of information on an occasional basis through Council e-mail News. If you are interested check the box on the CIF application form.
- ❖ **Express your opinion about state or local policy changes:** Government agencies often solicit public opinion as part of their planning process or when they make changes to their policies or programs. Share your opinion by writing at least one letter or testifying at a local or state public hearing. Send a copy of the letter or testimony with your outcome report. Note: For information about opportunities to provide input at public hearings, contact the local office of the agency you are interested in. Go to the Council website www.in.gov/gpcpd/ and click on the links page to research government agencies and contact information. In addition, the Council sends this kind of information on an occasional basis through Council E-mail News. If you are interested check the box on the CIF application form.
- ❖ **Sign up for the Council's Fifth Freedom disability network** to respond to state or local disability related concerns. Become an Advocacy Coordination Team Leader (ACT) by recruiting two-three local people who agree to respond to important, time sensitive information about statewide disability issues that need immediate action. If you select this option contact the Act Team Coordinator, Karen Vaughn, toll free at 866-757-7299 or at coordinateAct@aol.com and she will provide additional information.

Overview of Budget and State Travel Guidelines

Use the following guidelines in preparing your budget. Remember to include all items that are expenses including match. See the sample budget below for additional information.

Mileage is calculated at a flat mileage rate: Mileage is \$.40 per mile (max 2,000 miles). **In all cases, state mileage charts determine vehicle mileage.**

No receipts are required for meals: Meals are \$26 per day for in-state travel (lunch and breakfast \$6.50 each; dinner \$13) and \$32 per day for out-of-state travel (lunch and breakfast \$8 ea; dinner \$16). **Deductions are made for any meal provided by the conference.**

Original receipts or invoices must be provided for hotel, airfare, parking, taxi, child/attendant care and ALL OTHER EXPENSES, except meals and mileage, for which you ask for reimbursement, or use as match.

SAMPLE

Budget

Name: Sue Jones

*Description	Total	Match (50%)	CIF
<u>Conference Registration</u> - 2 days Names: Sue Jones	\$ 200	\$	\$ 200
<u>Lodging</u> rate \$ 99.00 x 11.5% tax = \$110.39 per day x # of days <u>2</u> = \$ 220.77	\$ 220.77	\$ 15.37	\$ 205.38
<u>Food Per Diem (Required match for SSDI)</u> rate \$ 26 x # of days 2= \$ 52.00 Minus meals provided: 2 lunches @ 6.50 x 2 Total Deducted \$ 13.00- Total allowance \$ 39.00	\$ 39.00	\$ 39.00	\$
<u>Airline</u> Depart from what city:	\$	\$	\$
<u>Child Care / PCA</u> \$ 30.00 per day x # of days 2= \$ 60.00 # of children <u>1</u>	\$ 60.00	\$ 60.00	\$
<u>Parking/Taxi/Shuttle</u>	\$	\$	\$
<u>Mileage (Required match for SSDI)</u> RT mileage X \$.40 = \$ 42.00	\$ 42.00	\$ 42.00	\$
<u>Misc.</u> 2 days lost wages (check stub enclosed) \$ 249.00	\$ 249.00	\$ 249.00	\$
TOTALS	\$ 810.77	\$ 405.39	\$ 405.38

*please provide a detailed description if not self explanatory



Governor's Council for People with Disabilities

INDIVIDUAL CONSUMER INVESTMENT FUND APPLICATION

Please review the accompanying guidelines prior to completing this form!

NAME OF INDIVIDUAL: Sue Jones

TITLE & EMPLOYER None

ADDRESS: 100 N. Senate Ave CITY/STATE/ZIP: Gary, IN 46200

COUNTY: Lake

PHONE # (day): 219-555-5555

FAX/E-MAIL: None

I receive (cannot be your child) (circle one, if applicable) SSI SSDI TANF **NONE**

If receiving SSDI - food per diem and mileage will be your match.

CHECK HERE IF ADVANCE FUNDING IS NEEDED . Please fill out attached CIF ADVANCED FUNDING REQUEST AND INFORMATION FORM. (Advanced funding request are considered based on state travel rules and individual's need)

I am (circle one) a person, **the family member** of a person with: Quadriplegia

Optional - for demographic information only: I am (circle one) African-American, **Caucasian**, Hispanic/Latino, Asian, Other:

Title of the event: Building Community Inclusion

Facility, City/State (event location): Waterfront Hotel, Indianapolis, IN

Date(s) from: 2/15/200X to 2/16/200X

Are any meals covered by the registration fee? ☐ No If yes list: lunch on 2/15 and 2/16

Budget Summary:

Total cost	<u>\$ 810.77</u>	(Total of ALL EXPENSES)
Minus match (At least 50% of budget)	<u>405.39</u>	(You will pay as match)
Amount requested (\$1,000 max)	<u>405.39</u>	(Scholarship funds requested)

Instructions: Please enclose the following information

- Conference Information** - a registration form, agenda and description of activities; which shows prices, etc.
- Approximate Itemized Budget** - including match plus amount of request;
- CIF Purpose Statement and Agreement Form** - To be approved for funds, you must sign an agreement to share the information with others, assist the Council if requested, and to participate in community activities. An Outcome Report will be required after the conference detailing your plans to fulfill the outcome agreement.
- Application & A through C items** - Must be received in COUNCIL office by a minium of 3-weeks before in-state and 5-weeks before out-of-state conferences/events. NO EXCEPTIONS.
- CIF Advance Funding Request & Information Form** (if applicable)

For questions, call (317) 233-4551, fax 233-3712, or bwade@gpcpd.org

Mail to: GCD / CIF- ATTN: Brenda Wade

150 W Market, Ste 628; Indianapolis, IN 46204-2821

**TO BE COMPLETED ONLY IF REQUESTING ADVANCED FUNDING
SAMPLE**

CIF ADVANCED FUNDING REQUEST:

Available only to individuals receiving SSI – SSDI - TANF

Requests must be confirmed ten days in advance of the date the check or APPROVED advanced payment is needed. Arrange/confirm requests with the Mental Health Association in Indiana staff by calling, Carole VanDusen at 317-638-3501 ext. 224 or 800-555-6424 as soon as you receive your approval letter

Please check **each item for which you are requesting advanced funding** (advance funding will not be considered if appropriate box is not checked). The actual amount and items that will be approved for advanced funding may differ from your request (**all expenses can not be paid in advance**).

√ Name of hotel: Motel X, Evansville Phone # xxx-232-xxx
Dates of stay: March 8 and 9, 2005 Confirmation # XX
*Hotel conference rate (include rate & tax): 110.39
*Needed so room rates plus tax can be verified and a check can be issued. Remember to take a credit card or extra cash for a deposit (receipt must be submitted to MHAI once you return).

√ **Registration** - Enclose a copy of the filled out registration form with the CIF application.
Send check to: **(check one)**
√ _____ Conference registration _____ Applicant
(receipt must be submitted to the Mental Health Association if check is sent to applicant)

☐ Airfare - When your application is approved, call the Mental Health Association to get authorization to call a specific travel agent with whom they have an account. **ADVANCE PAYMENT FOR AIRFARE MUST GO THROUGH MHAI TRAVEL AGENT (receipt must be submitted once you return).**

☐ Car rental - (not available if you have airfare) Submit invoice or other document from company that shows the fee **(receipt must be submitted to MHAI once you return).**
Name of company providing travel: _____
Telephone number/contact name: _____
Travel dates and location: _____
Fee: _____

Food allowance advanced funding for ONLY individuals on SSI and TANF (SSDI required match)

☐ Per diem food allowance - will be calculated based on state travel rules minus meals provided by conference sponsors. No receipts are needed _____ # of days Meals provided by the conference (describe): _____

Individual CIF Purpose Statement and Agreement Form

SAMPLE

The Council's Consumer Investment Fund (CIF) provides funds to consumers with the purpose of making a long term investment in the future direction of Indiana. It is anticipated that your participation in this partnership with the Council will further the Council's mission of "Community Inclusion". The Council as an investor, expects a return on its investment. Information on the results of the CIF investment, is used to determine whether the Council should continue to commit resources to the Consumer Investment Fund and the future direction of CIF.

Purpose Statement: (Please write a brief statement that tells how you will use the information in your community or how you or your family will benefit from attending this event.) **Use back page if additional space is needed.**

I want to learn more about how to be a better advocate for my first grade child who is receiving special education. This conference will provide me with the information I need to insure that my child gets a good education.

I am part of a parent support group and will also be able to share the information I receive with teachers and other parents in my community to help their children

Agreement: The Governor's Council for People with Disabilities is pleased to consider providing you with financial assistance to attend an event. In exchange for the financial assistance, the Council requires you to complete the agreement below and return it with your application:

In return for financial assistance in attending this event I, Susan Parent agree to the required activities including completing and submitting an initial outcome form with the claim voucher and receipts within 30 days and have selected the following two outcome activities:

(see page 2 and 3 of the CIF Guidelines for a list of all the required activities and page 5 for more detailed description of the eight activities from which you are to select two- page 5 describes what is involved in each activity and if needed, where to get additional information)

Please check the two outcome activities you agree to complete:

- ☐ Conduct a disability awareness activity
- ✓ ☒ Become an active participant in a local policymaking or advisory body
- ☐ Perform a media watch, by responding to news coverage about disability issues
- ☐ Express your opinion to your state or local legislators related to disability issues
- ✓ ☒ Express your opinion about state or local policy changes
- ☐ Sign up for the Council's Fifth Freedom network to respond disability related concerns

Signature(s)

Date

Governor's Council for People with Disabilities

CONSUMER INVESTMENT FUND OUTCOME REPORT (to be filled out after attending event)

As part of an agreement to accept financial assistance from the Council to attend an event, this form must be completed and returned within 30 days AFTER attending an event. This report can be submitted in writing, by fax, on diskette in ASCII, or on audio cassette. This form must be submitted before reimbursement checks will be issued - reimbursement MUST BE claimed within 30 days after the conference. You will receive another report form within 6 months to collect follow-up information on whether you achieved the outcomes you describe. Mail to: Carole VanDusen, Mental Health Association in Indiana/CIF, 1431 N Delaware Street, Indianapolis, IN 46202.

SAMPLE

Name: Ms. Sue Parent
Address: XXX My street address City: Evansville Zip: 4XXXX County: Vanderburg
Day Telephone Number: 317-XXX-XXXX E-mail: _____
☐ Person with a disability ☒ Family member
Event Title: What you need to know about IEP meetings Event Location: Anderson, IN
Event Date: March 2 and 3 Approved budget amount: 500
Day Phone: 812-XXX-XXX Best Time to Call: 10-2 pm Email: Parentsareprefect@allofus.com

Do you receive the On Target newsletter? ☒ Yes ☐ No

Would you like to receive Council E-News, an occasional e-mail newsletter that provides information about opportunities to get involved and late breaking news? ☒ Yes ☐ No

I gained the following new information/skills:

I learned about what a good IEP meeting is and what preparation work I need to do ahead of time. I learned about my rights and what to do if I am not satisfied with my child's education program

I will use my new skills/information to benefit me/ my family by:

Making sure that the next IEP is more effective. I will ask for my child to be evaluated for an assistive communication device. I will work more closely with my child's teacher to monitor my child's progress and make sure that the IEP is working.

How satisfied were you with:

Application and directions:	<input type="checkbox"/> very	<input checked="" type="checkbox"/> somewhat	<input type="checkbox"/> not	<input type="checkbox"/> does not apply
Timeliness of approval process:	<input checked="" type="checkbox"/> very	<input type="checkbox"/> somewhat	<input type="checkbox"/> not	<input type="checkbox"/> does not apply
Information provided after approval:	<input checked="" type="checkbox"/> very	<input type="checkbox"/> somewhat	<input type="checkbox"/> not	<input type="checkbox"/> does not apply
Assistance with travel arrangements:	<input type="checkbox"/> very	<input type="checkbox"/> somewhat	<input type="checkbox"/> not	<input checked="" type="checkbox"/> does not apply
Reimbursement/payment process:	<input type="checkbox"/> very	<input checked="" type="checkbox"/> somewhat	<input type="checkbox"/> not	<input type="checkbox"/> does not apply

Do you have any additional comments or suggestions for improvement in the Consumer Investment Fund ?
It's a great program. I appreciate your assistance

ACTIVITIES OUTCOME REPORT: Describe what you have done to date and any plans for the future. If activities are not complete at the time you submit the form, a follow-up form will be sent within 6 months.

1. Required activity: conduct two presentations on what you learned

2 & 3 Selected Activities: The checked boxes are the two activities you selected in your application.

- ☐ Conduct a disability awareness activity
- ☒ Become an active participant in a local policymaking or advisory body
- ☐ Perform a media watch, by responding to news coverage about disability issues
- ☒ Express your opinion to your state or local legislators related to disability issues
- ☐ Express your opinion about state or local policy changes
- ☐ Sign up for the Council's Fifth Freedom network to respond to disability concerns

1. (Required) description of presentations: # of hours spent preparing and giving 3.

I was on the agenda for my parent support group meeting on March 26. I copied information on IEP meetings for them and talked about suggestions to improve the IEP meeting that I learned from the conference.

I plan to present information from the conference at my school's Parent Advisory Council meeting on April 15th

S A M P L E

 Complete

☒ Not complete (follow-up form will be sent)

2. Brief description of activities: # of hours spent 3.

I plan to join my schools Parent Advisory Council to advocate for better attention to communication issues for children. I will apply for membership next Fall when new applications are accepted. I attended the March 31st meeting as an observer.

 Complete

☒ Not complete (follow-up form will be sent)

3. Brief description of activities: # of hours spent 4.

I met with Representative X from Evansville about my concern that the states budget.....XXXXX I also sent him a thank you letter re stating my concerns which is attached.

☒ Complete

 Not complete (follow-up form will be sent)